## **Auxiliary Volunteer Opportunities**

Please check opportunities listed below in which you are interested.

### **Holiday Candy Sale**

( ) Help wrap candy (candy work is done in November & December)

### Goodie Sale (held in December)

- ( ) Bring a baked item for the sale
- ( ) Help with set-up for Goodie Sale

#### Handiwork

- ( ) Embroider or iron tea towels
- ( ) Crochet or knit
- ( ) Sew new pillowcases or sew binding on baby blankets

### **Masquerade Jewelry Sale**

( ) Work a 2-hour shift

### **Gift Shop**

( ) Volunteer in the Floyd Valley Auxiliary Gift Shop

**Please Note:** There is no minimum of volunteer hours expected of Auxiliary members. The choice to join the Floyd Valley Auxiliary is personal as well as rewarding.

### For more information:

• Visit the website: www.floydvalley.org and click on "Volunteers" in the left side green bar.

If you or someone you know are interested in volunteering but do not want to join the Auxiliary, please call Kari Daale at 712-546-3401.



# Floyd Valley Auxiliary 2024 Membership Form

### What is the Floyd Valley Auxiliary?

The Floyd Valley Auxiliary provides support to the hospital, its patients and servic through fundraising and volunteering.

Auxiliary members are **not** obligated in alway to volunteer in fundraising activities.

### What does the Auxiliary do?

The Auxiliary has successfully raised mor ey through the Gift Shop and various fundrais ers. Proceeds are donated to the hospital for various services and equipment.

Funds received from membership dues go directly to fund two -\$2,000 scholarships.

# What benefits/opportunities do Auxiliary members receive?

- Serve the community & support local health care.
- Use their individual skills and hobbies to help others.
- Spend vital time & resources with fundraling events as well as serving on Auxiliary committees.
- Receive our quarterly newsletter.
- Meet new friends and/or reestablish relationships all while having fun!

### How do I join the Auxiliary?

Complete this form and indicate your leve of interest. Return the form along with your dues. You may either drop off at the Auxilia Gift Shop or mail this to:

Floyd Valley Healthcare 714 Lincoln St NE Le Mars, IA 51031 Attention: Auxiliary

### Floyd Valley Auxiliary 2024 Membership Form

Name:		
Address:		
City/State/Zip:		
Email address:		
Home Phone:	Cell P	Phone:
Membership Choice (circle one):	Annual (\$20)	Lifetime (\$175)
( ) At this time, I prefer to assist the	ne Auxiliary as a financial	supporter.
Volunteer interests: (please com Please indicate below all volunteer carries no obligation. You will be oneeded. Specific details are listed of	opportunities in which yo contacted by an Auxiliary	ou are interested. Expressing interes
<ul><li>( ) Holiday Candy Sale</li><li>( ) Handiwork</li></ul>	<ul><li>( ) Goodie Sale</li><li>( ) Gift Shop</li></ul>	<ul><li>( ) Jewelry Sale</li><li>( ) Embroider tea towels</li></ul>
( ) Volunteer at Floyd Valley Hosp you are a new volunteer.	oital and/or Park Place Es	tates. Kari Daale will contact you is
To save postage on our newsletter, Do you relocate during the winter?		g information:
Which months do you relocate?		
If you would like to receive the new mailing address.		

### Thank you for your tax deductible contribution!

All membership information is confidential and will not be shared with outside businesses or organizations but will only be used for communicating news, fundraising/event information and volunteer opportunities.